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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known		
FEE TRANSMITTAL For FY 2005		Application Number	TBA	
		Filing Date	October 28, 2005	
		First Named Inventor	Matthew F. Hogge	
		Examiner Name	TBA	
		Art Unit	TBA	
TOTAL AMOUNT OF PAYMENT	(\$)	200.00	Attorney Docket No.	B03-85

METHOD OF PAYMENT

Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEES

<u>Fee Description</u>					<u>Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent					50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent					200
<u>Total Claims</u>	<u>Paid TC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
	-	=	0	50	
					=
Paid TC = the greater of 20 or highest number of total claims paid for					0
<u>Independent Claims</u>	<u>Paid IC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
	-	=	0	200	
					=
Paid IC = the greater of 3 or highest number of independent claims paid for					0

Paid IC = the greater of 3 or highest number of independent claims paid for

3. APPLICATION SIZE FEE

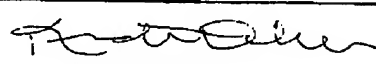
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
- 100 =	0	/ 50 =	250	0

4. OTHER FEES

Other: 1 rewritten independent claim Fee Paid (\$): 200

SUBMITTED BY

Signature		Registration No. 43,583	Telephone 508-979-3015
Name	Kristin D. Wheeler	Date	October 28, 2005

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FAX COVER SHEET

DATE: October 28, 2005

TO: Mail Stop Amendment
Commissioner for Patents
Art Unit: 3711, Examiner: Alvin A. Hunter
Facsimile No.: 571-273-8300

FROM: Kristin D. Wheeler
Customer Number: 40990
Phone No.: 508-979-3015

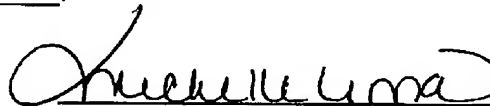
RE: Application Serial No.: 10/755,638
Response to Office Action of August 16, 2005

Pages including cover sheet: 8

Certificate of Transmission under 37 C.F.R. § 1.8

I hereby certify that this correspondence (8 pages), including this facsimile cover sheet, a signed Response (6 pages) and a fee transmittal (1 page), is being facsimile transmitted to the United States Patent and Trademark Office, Art Unit 3711

on October 28, 2005
Date


Signature

Michelle Lima
Name of person signing Certificate

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.: 10/755,638

Art Unit: 3711

Applicant: Matthew F. Hogge

Examiner: Alvin A. Hunter

Filed: January 12, 2004

Confirmation No.: 3279

For: GOLF BALL WITH VAPOR BARRIER
LAYER AND METHOD OF MAKING
SAME

Attorney Docket No.: B03-85

RESPONSE TO OFFICE ACTIONMail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed August 16, 2005, Applicants respectfully submit the following amendments and remarks for entry into the above-identified application.

Listing of Claims begins on page 2 of this response.

Remarks begin on page 5 of this response.

10/31/2005 SDENB081 00000001 502309 10755638

01 FC:1201 200.00 DA